

CASE SCREENING INTERVIEW

Date

Study ID

Hello, my name is _____. May I speak to _____ (NAME OF CASE WOMAN)?

IF CASE WOMAN ANSWERS THE PHONE:

I'm calling from the Northern California Cancer Center. We recently sent you a letter regarding the research program on breast cancer being conducted by our center. Have you received the letter?

IF SHE HAS RECEIVED THE LETTER:

As you may recall, the letter said we would be calling to ask you a few questions and to answer any questions you might have. We have several on-going studies of breast cancer that focus on different factors.

IF SHE HAS NOT RECEIVED OR NOT READ THE LETTER:

Our center has an on-going research program to increase our knowledge about the causes and prevention of breast cancer. Therefore, we are interviewing women in the Greater San Francisco Bay Area who have had breast cancer, as well as women who have not.

Participation in these studies depends on age, ethnic background, and family history of disease. To determine which study you may be eligible for, I would like to ask you a few questions about these factors as they relate to you and your family. This survey will take only about 5-7 minutes.

Before we get started, I want to remind you that your participation in this survey is completely voluntary, and there are no consequences of any kind if you decide not to participate. If you do participate, the information you provide will be kept confidential. Before we begin, do you have any questions?

ANSWER ANY QUESTIONS.

Let me start with the first question:

Q1. How old were you on your last birthday?

Q2. Which of the following categories best describes your racial/ethnic background? **(READ CHOICES, RECORD UP TO TWO)**

<input type="checkbox"/>	White, non Hispanic	1
<input type="checkbox"/>	White, Hispanic	16
	African-American or Black, non Hispanic	2
	African-American or Black, Hispanic	17
	Native American	3
	Chinese	4
	Japanese	5
	Filipino	6
	Hawaiian	7
	Korean	8
	Asian Indian or Pakistani	9
	Vietnamese	10
	OTHER (SPECIFY) _____	
	_____	88
	DK	99

Q3. Were you adopted?

YES	1
NO	2 (GO TO Q4.)
DK	9 (GO TO Q4.)

IF YES:

Q3a. Do you know anything about your biological family?

YES	1 (GO TO Q4.)
NO	2 (GO TO Q6.)

Q4. Were any of your four grandparents of Jewish heritage?

YES	1
NO	2 (GO TO Q6.)
DK	9 (GO TO Q6.)

IF YES:

☐ **Q5.** How many of your grandparents were of Jewish heritage?

Q6. Have you had breast cancer?

YES	1
NO	2 (GO TO Q10.)
DK	9 (GO TO Q10.)

IF YES:

Q7. Was it in one or both breasts?

ONE	1 (GO TO Q10.)
BOTH	2
DK	9 (GO TO Q10.)

IF BOTH:

☐

Q8. How old were you when your first breast cancer was diagnosed? AGE

☐

Q9. In what month and year were you first diagnosed? 19 MONTH YEAR

Q10. Have you ever had ovarian cancer?

YES	1
NO	2
DK	9

Q11. Did you have any type of cancer diagnosed before you were 20?

YES	1
NO	2
DK	9

Now I would like to ask you about whether certain of your blood relatives, living or deceased, have had breast cancer, ovarian cancer, or any type of childhood cancer.

**IF ADOPTED AND DOESN'T KNOW ABOUT BIOLOGICAL FAMILY:
ASK Q12-Q14 FOR DAUGHTERS ONLY AND Q15-Q17 FOR SONS ONLY.**

OTHERWISE CONTINUE:

		IF YES: Q13. What kind of cancer did she have? Q14. How old was she when she was first diagnosed with this cancer?
Q12. Has your <u>mother</u> ever had breast cancer, ovarian cancer, <u>or</u> any type of childhood cancer diagnosed before age 20?	YES 1 → NO 2 DK 9	BREAST 1 AGE: ____ OVARIAN 2 AGE: ____ OTHER 8 AGE: ____ (SPECIFY)
How about any of your <u>sisters</u> ?	YES 1 → NO 2 DK 9 NO SIST 8	SISTER #1 BREAST 1 AGE: ____ OVARIAN 2 AGE: ____ OTHER 8 AGE: ____ (SPECIFY)
		SISTER #2 BREAST 1 AGE: ____ OVARIAN 2 AGE: ____ OTHER 8 AGE: ____ (SPECIFY)
		SISTER #3 BREAST 1 AGE: ____ OVARIAN 2 AGE: ____ OTHER 8 AGE: ____ (SPECIFY)
Have any of your <u>daughters</u> ever had breast cancer, ovarian cancer <u>or</u> any type of childhood cancer diagnosed before age 20?	YES 1 → NO 2 DK 9 NO DAUG 8	DAUGHTER #1 BREAST 1 AGE: ____ OVARIAN 2 AGE: ____ OTHER 8 AGE: ____ (SPECIFY)
		DAUGHTER #2 BREAST 1 AGE: ____ OVARIAN 2 AGE: ____ OTHER 8 AGE: ____ (SPECIFY)
		IF YES:

		Q16. What kind of cancer did he have? Q17. How old was he when he was first diagnosed with this cancer?
Q15. Has your <u>father</u> ever had breast cancer, <u>or</u> any type of childhood cancer diagnosed before age 20? How about any of your <u>brothers</u> ?	YES 1 → NO 2 DK 9 YES 1 → NO 2 DK 9 NO BROTH 8	BREAST 1 AGE: _____ OTHER 8 AGE: _____ (SPECIFY) BROTHER #1 BREAST 1 AGE: _____ OTHER 8 AGE: _____ (SPECIFY)
		BROTHER #2 BREAST 1 AGE: _____ OTHER 8 AGE: _____ (SPECIFY)
		BROTHER #3 BREAST 1 AGE: _____ OTHER 8 AGE: _____ (SPECIFY)
Have any of your <u>sons</u> ever had breast cancer <u>or</u> any type of childhood cancer diagnosed before age 20?	YES 1 → NO 2 DK 9 NO SONS 8	SON #1 BREAST 1 AGE: _____ OTHER 8 AGE: _____ (SPECIFY)
		SON #2 BREAST 1 AGE: _____ OTHER 8 AGE: _____ (SPECIFY)

**IF PARTICIPANT REPORTS OTHER CANCERS AND/OR OTHER RELATIVES WITH CANCER,
RECORD BELOW:**

TYPE OF RELATIVE

TYPE OF CANCER

AGE AT
DIAGNOSIS

1. _____

2. _____

3. _____

4. _____

CLOSE THE SCREENING INTERVIEW

These are all the questions I have for you today. I would like to thank you very much for answering these questions. If you should prove to be eligible for one of our studies, we will contact you again soon. Thanks again for your help.